



02-15-06

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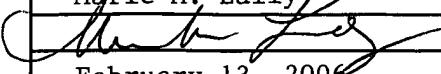
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7590 11/17/2005

**KENNETH I. KOHN
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Marie M. Lally
(Depositor's name)

(Signature)
February 13, 2006
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/009,919	06/14/2002	Michael Panaccio	DAV1151.001APC	1078

TITLE OF INVENTION: LAWSONIA DERIVED GENE AND RELATED HEMOLYSIN POLYPEPTIDES, PEPTIDES AND PROTEINS AND THEIR USES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$0	\$1400	02/17/2006
EXAMINER		ART UNIT	CLASS-SUBCLASS		
BASKAR, PADMAVATHI		1645	424-234100		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
 Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list
(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Kohn & Associates, PLLC
2 Kenneth I. Kohn
3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

02/16/2006 MBIZUNE2 00000028 10009919

(A) NAME OF ASSIGNEE Pfizer Products, Inc.	(B) RESIDENCE: (CITY and STATE OR COUNTRY) Groton, CT 01 FC:1501	1400.00 OP 6.00 OP
Agriculture Victoria Services Pty. Ltd.	Australia 02 FC:8001	
Pig Research and Development Corporation	Australia	

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

Issue Fee
 Publication Fee (No small entity discount permitted)
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A check in the amount of the fee(s) is enclosed.
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 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 11-1449 (enclose an extra copy of this form).

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
 b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature _____

Date February 13, 2006

Typed or printed name Kenneth I. Kohn

Registration No. 30,955

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